## **TEMPORARY EVENT FOOD LICENSE APPLICATION-SIDE 1**

Please Print

A \$25 LATE FEE WILL BE CHARGED EACH BOOTH IF APPLICATION AND FEES ARE NOT DELIVERED OR POSTMARKED FIVE(5) DAYS PRIOR TO THE START OF EACH EVENT.

| LICENSEE: (Must be legal of      | entity: Corporation, Individual | (s) or Limited Partnershi                     | p)   |                             |  |    |                          |                              |         |                   |            | NONPR       | OFIT ORGANIZ   | ATION (Y/N | J):       |
|----------------------------------|---------------------------------|---|--|-----------------------------|--|----|--------------------------|------------------------------|---------|-------------------|------------|-------------|----------------|------------|-----------|
| BUSINESS NAME:                   |                                 |   |  |                             |  |    |                          | _ TELEF                      | PHONE:_ |                   |            |             | FAX:           |            |           |
| ADDRESS:                         |                                 |   |  |                             | CIT  | Y: |                          |                              |         |                   |            | ST:         | Z              | IP:        |           |
| E-MAIL ADDRESS:                  |                                 |   |  |                             |  |    | _                        |                              |         |                   |            |             |                |            |           |
| PERSON IN CHARGE OF BOOTH:       |                                 |   |  |                             |  |    |                          |                              |         | <u>-</u>          | TELEP      | HONE:_      |                |            |           |
| SIGNATURE OF LICENSEE:           |                                 |   | D  | ATE COMPLE                  | TED:                                       |    |                          |                              |         | _                 |            |             |                |            |           |
| Complete columns 1-5 below       | , listing <u>each booth at</u>  | <i>t each event</i> on a <u>s</u>             | separate l   | ine.                        | 1  |    | 1                        | FOR (                        | 0FFI    | CE U              | ISE        | ONL         | Y Est          | ab#        |           |
| 1.<br>Name and location of Event | 2.<br>Date(s) of Event          | 3.<br>Start and Ending<br>Times of Operation. | 4.<br>Extension<br>of<br>licensed<br>premise?<br>Y/N | Choose A, B,<br>C, and/or D | Rest<br>Fee-<br><u>First</u><br><u>Day</u> |    | Rest<br>Fee-<br>ddl Days | Retail<br><u>Proc</u><br>Fee | Proc    | <u>Ext</u><br>Fee | Adm<br>Fee | Late<br>Fee | Total Fee      | PR#        | Date Paid |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  | H  |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   | -          |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
|                                  |                                 |   |  |                             |  |    |                          |                              |         |                   |            |             |                |            |           |
| ļ                                | I                               | 1   |  |                             |  | 1  |                          | <u> </u>                     | 1       | <u> </u>          |            | <u> </u>    |                |            | I         |
| Type of food service at each boo | oth. Use this chart             | to complete co                                | olumn 5 a  | above.                      |  |    |                          |                              |         |                   |            |             | ffice Use Only | ='         | DUM DV 4  |

- A. Selling prepackaged snacks (chips, candy, gum, nuts), ice cream novelties, whole fruits, canned or bottled soda/water/juice, bulk nuts, dispensed soda, etc.
- B. Selling fruit cups, unwrapped bakery, unwrapped desserts, scooped ice cream without toppings, etc.
- C. <u>Making</u> cotton candy, lemonade, sno-cones, soft-serve ice cream, fruit cups, popcorn, sundaes, floats, cakes, pastries, cookies, funnel cakes, fritters, donuts, espresso, cappuccino, tea, fruit juice, smoothies, confections, roasted nuts, coffee, kettle corn, etc.
- D. Selling dinners, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, etc.

| For Office Use Only              |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|
| ONE-DAY-A-YEAR FESTIVAL RUN BY A |  |  |  |  |  |  |
| NONPROFIT ORGANIZATION-          |  |  |  |  |  |  |
| NO LICENSE REQUIRED              |  |  |  |  |  |  |
| InitialsDate:                    |  |  |  |  |  |  |

**COMPLETE REVERSE SIDE** H-378 R1/07

## List food items below and check preparation site (Check all that apply.) If menu or booth changes significantly for different festivals, please fill out an additional Side 2 for each festival. NOTE: *No food preparation may be done at home. All foods must be prepared at a licensed facility.*

| List menu items. Do not include canned bottled |          | Check if prepared | Leave blank for Health Department notes | 1. | Is this     | the first time this operation has been at the event? Y/N   |
|--|----------|-------------------|---|----|-------------|--|
| beverages, or prepackaged snacks               |          | off site          |   | 2. |             | , and type of food service is Category D from other side of form, please attach tch of the booth.    |
|  |          |                   |   | 3. | Addre       | ess of kitchen facility approved to be used for off-site food preparation:                           |
|  |          |                   |   | 4. |             | will you provide temperature control for <i>potentially hazardous</i> foods? Circle                  |
|  |          |                   |   |    |             | any as you will be using.  |
|  |          |                   |   |    | a.          | Hot holding: steam table, oven, charcoal grill, gas grill, steamers, stove, hot holding case, other: |
|  |          |                   |   |    | b.          | Reheating or cooking: oven, charcoal grill, gas grill, stove, fryers, other:                         |
|  |          |                   |   |    | C.          | Cold Holding: commercial refrigerator/freezer, refrigerated truck, dry ice, drained ice, other:      |
|  |          |                   |   | 5. | List o      | ther equipment (i.e. sinks/tables) to be used:   |
|  |          |                   |   |    |             |  |
|  |          |                   |   | 6. | Mater<br>a. | ials used for booth construction (Circle):  Walls: wood, canvas, other:                              |
|  |          |                   |   |    | b.          | Floor: wood racks, plywood, shredded bark, concrete, other:  |
|  |          |                   |   |    | C.          | Overhead covering:   |
|  |          |                   |   | 7. | List a      | reas of booth that will be screened:   |
| Lunderstand that my b                          | noth mus | t meet the        | e requirements of the Wisconsin Fo      | 8. | What        | will you be using for utensil washing:   |
| _  |          |                   | Food License may not be issued.         | 9. | What        | will you be using for handwashing:   |
| Signature of Licensee                          |          |                   | <br>Date                                |    |             |  |